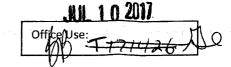


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1	Statement Information		
	Date: 1 July 2017		
Type: 🕅 New 🗆 Amended (if amending, enter MEC ID & section changed			anged)
2	Committee Information		
	Boyd For Missouri		
	15205 White Ave Grandview, MO 64030 (816) 535-006 Telephone Number Tackson County Board of Election Commissioners		
	Committee Mailing Address, City, State, & Zip	T. 4. C. 4 Q	Telephone Number
		County Clerk or Board of Election Commission	Dara 64 DIECHOLD
	Committee Type: ☐ Campaign 🕱 Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party		
3.	Treasurer/Deputy Treasurer Information		
	Mancy Silves		
	101 S. Lune Ayle Raymore	181450-8935	()
	Treasurer's Mailing Address, City, State, & Zip Mo 64083	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	
		()	()
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		
	\sim	NIA	
	Additional Committee Officer's Name & Title (If any)	Additional Committee Officer's Mailing Addre	ess, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, C	ity, State, & Zip
	CANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back) No		
ς.	Official Book Account Information (required by all committees)		
	A = A + A	••	
5.	Candidate Cumparted as Opposed (associates committees must i	notude self if candidate)	·
	Candidate Supported or Opposed (candidate committees must i	1911 1675 0066	1816 1 255-9188
	Name & Mailing Address, City, State & Zip of Candidate MO 64030	Telephone Number (Candidate Committees C	(8/6) 255-9288
	08/07/2018 Stute Representative/ Election Date Office Sought & Political Subdivision	Republican Political Party	Support or Optionse
7	House Of Representatives	ust somelete this section	
/٠	Ballot Measure Supported or Opposed (campaign committees mi	A)] /	AL IA
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
3.	Signature(s) Check certification(s) & sign (required by all committees)		
	☐ I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I		
	further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.		
		111 1 -1500	16
	Committee Typasurer	Candidate (Candidate Committees Only)	46.

MO 300-1308 Packet (Rev. 12/2016)